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Facsimile Transmittal

DATE: November 3, 2005

TO: USPTO

ATTN: AMENDMENT

RE: Serial No. 10/062,155

FAX : 571-273-8300

FROM: George C. Pappas

Number of Pages Sent: 9 (including this transmittal cover sheet)

ATTACHED HERETO PLEASE FIND AN AMENDMENT IN 7 PAGES;
TRANSMITTAL FORM (1) PAGE;

PLEASE CALL ME IF YOU HAVE ANY QUESTIONS.

I hereby certify that this correspondence is being sent VIA FACSIMILE to the Commissioner of Patents at fax number (571) 273-8300. Attention Office of Amendments, or:

11/3/05

(Date of Deposit)

Darla D. Kasmedo

(Name of the Person Making the Deposit)

(Signature)

9 of 17

PTO/SB/21

U.S. Department of Commerce
Patent and Trademark Office
PATENT

AMENDMENT TRANSMITTAL FORM

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450Customer No.: 23696
Attorney Docket No.: 020009
In Re Application of: Yu-Chuan Lin
Serial Number: 10/062,155
Filed: January 30, 2002
Examiner: Amanda Le
Group Art Unit: 2634

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	12	30	0	x \$18 =	\$0
Independent**	4	7	0	x \$86 =	\$0
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$290	\$0
EXTENSION FEES <input type="checkbox"/> One Month <input type="checkbox"/> Two Months <input type="checkbox"/> Three Months				\$110	\$
				\$420	\$
				\$950	\$
TERMINAL DISCLAIMER				\$110	\$
				TOTAL FEE	\$0

*If the number in column a is less than 20, enter 0 in column c.

**If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$0.
The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: 11/3/05

Signature: _____

George C. Pappas, Reg. No. 35,065
858-651-1306QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
Telephone: (858) 658-5787
Facsimile: (858) 658-2502

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

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Depositor's Name: Darla Kasmir
(type or print name)

Signature: _____

PTO AND PATENT UNIT 11/03/2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application
No. 10/062,155

For: RECEIVER NOISE
ESTIMATION

Yu-Chuan Lin

Examiner: Erin M. File

Filed: 01/30/2002

Group No. 2634

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RESPONSE TO OFFICE ACTION

Mail Stop No Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Commissioner:

In response to the Office Action dated August 10, 2005 please amend the above-identified application as indicated below.

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Depositor's Name: Daria Kasmado
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Date: 11/3/05

Signature: 